



Village of Key Biscayne
Fire Rescue Department
560 Crandon Blvd.
Key Biscayne, FL 33149

EMPLOYMENT APPLICATION

An Equal Opportunity Employer/Affirmative Action Employer

Date Received: _____

Received By: _____

Application must be typewritten or printed in black ink. You also have the option of filling out the application online and printing it. All questions must be answered factually and completely. Do not leave any unanswered questions. Questions that do not apply mark "N/A".

General Information:

First and Last Name _____ Home Phone _____

Address _____ Cell Phone _____

City, State Zip Code _____ Email Address _____

Driver's License Number _____

Social Security Number _____

Date of Birth _____

State of Florida Firefighter ☐ Yes ☐ No

EMT/Paramedic ☐ Yes ☐ No

ALS Certification ☐ Yes ☐ No

BLS Certification ☐ Yes ☐ No

How long have you lived at present address? _____

Have you ever applied at the Village of Key Biscayne Fire Rescue before? ☐ Yes ☐ No

If yes did you participate in our hiring process? ☐ Yes ☐ No If yes when? Mo/Year _____

Do you know any Key Biscayne Firefighters current or past? If yes, list name(s) _____

Have you ever been employed by the Village of Key Biscayne? ☐ Yes ☐ No If yes, what position & department _____

Do you have any family members employed by the Village of Key Biscayne? ☐ Yes ☐ No

If "Yes" please provide full name, relationship and present position: _____

Education:

Name of School	Location	Dates of attendance	Did you Graduate?	Degree Received
High School:				
College/University:				
Other:				
Other:				

Licensure and Certifications:

License, Registration or Certificate	Number	Expiration Date	State Licensing Agency

Employment History:

Describe your work experience in detail beginning with your current employment. Use a separate block to describe each position. Include military service and volunteer work if applicable. Indicate number of employees supervised. Provide an explanation for any gaps or periods of unemployment. If needed attach additional sheets using the same format.

NAME OF PRESENT OR LAST EMPLOYER:	HRS WORKED:
ADDRESS:	PHONE:
TITLE:	SUPERVISORS NAME:
START DATE:	END DATE:
CURRENT SALARY:	
REASON FOR LEAVING:	
DESCRIPTION OF DUTIES:	

NAME OF EMPLOYER:	HRS WORKED:
ADDRESS:	PHONE:
TITLE:	SUPERVISORS NAME:
START DATE:	END DATE:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIPTION OF DUTIES:	

NAME OF EMPLOYER:	HRS WORKED:
ADDRESS:	PHONE:
TITLE:	SUPERVISORS NAME:
START DATE:	END DATE:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIPTION OF DUTIES:	

NAME OF EMPLOYER:	HRS WORKED:
ADDRESS:	PHONE:
TITLE:	SUPERVISORS NAME:
START DATE:	END DATE:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIPTION OF DUTIES:	

NAME OF EMPLOYER:	HRS WORKED:
ADDRESS:	PHONE:
TITLE:	SUPERVISORS NAME:
START DATE:	END DATE:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIPTION OF DUTIES:	

BACKGROUND INFORMATION:

***Note:** In responding to the questions below, you may consider that any traffic violation for which the only penalty imposed was a fine of \$50 or less is not a conviction for purposes of answering these questions. You are also advised that a conviction will not be an arbitrary bar to your employment. Factors such as your age at time of the offense(s), how long ago such offense(s) occurred, seriousness and nature of offense(s), extent of relationship between conviction(s) and each particular position you apply for and rehabilitation efforts will be taken into account. Falsification of your answers may result in your dismissal if you are employed.

Have you ever been arrested? ☐ Yes ☐ No

If "Yes", what was the charge(s)? _____

Was there a conviction? _____ Date of conviction _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If "Yes", what was the charge(s)? _____

Where was the conviction? _____ Date of conviction _____

Have you ever pled NOLO CONTENDERE or GUILTY to a felony or misdemeanor? ☐ Yes ☐ No

If "Yes", what was the charge(s)? _____

Where? _____ Date _____

Do you have a valid Florida Driver's/chauffeur's license? ☐ Yes ☐ No

If "Yes", give type, number and expiration date: _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If "Yes" explain in detail: _____

Have you ever been charged with a DUI or ordered to complete a substance abuse course?

☐ Yes ☐ No Provide details: _____

Have you ever been discharged or forced to resign from any previous employment? ☐ Yes ☐ No

Provide details: _____

MILITARY SERVICE RECORD

Have you ever served for any branch of the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes": Branch: _____ Dates of service: _____

Entered: _____ Discharged: _____

Rank at Discharge: _____

List Duties/special training: _____

While in the military service, were you ever convicted of a general court martial or received a dishonorable discharge? ☐ Yes ☐ No

If "Yes" Date: _____ Time: _____ Location: _____

Action Taken: _____

REFERENCES:

List three personal references that may be contacted who have personal knowledge of your skills and qualifications relating to the position you are applying for.

NAME:	YRS. KNOWN:
RELATIONSHIP:	
OCCUPATION:	
EMAIL ADDRESS:	
PHONE NUMBER:	

NAME:	YRS. KNOWN:
RELATIONSHIP:	
OCCUPATION:	
EMAIL ADDRESS:	
PHONE NUMBER:	

NAME:	YRS. KNOWN:
RELATIONSHIP:	
OCCUPATION:	
EMAIL ADDRESS:	
PHONE NUMBER:	

SUPPLEMENT

If you have any additional information you may wish to provide, please use the space below.

I certify that all statements and information that I have provided in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature

Date signed

STATEMENT

I, _____, hereby give the Village of Key Biscayne, Florida the right to make a thorough investigation of my past employment, education and activities, and I release from all liability all persons, governmental agencies, companies and corporations supplying such information. I indemnify the Village of Key Biscayne, Florida, against any liability which might result from making such investigation. I understand that any false answer or statement of implication made by me in the application or other required document shall be considered sufficient cause for denial of employment or dismissal from employment.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Village of Key Biscayne, Florida and myself for either employment or for providing any benefit. No promises regarding employment have been made to me, and I understand that no promises or guarantee is binding upon the Village of Key Biscayne, Florida, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Village of Key Biscayne, Florida, has the same right.

(Applicant signature)

(Date)

Note: This application will be retained in our active file for six (6) months or as part of your personnel file if you are employed by the Village of Key Biscayne.

Village of Key Biscayne Employment Certification

CITIZENSHIP REQUIREMENTS: All applicants must be citizens of the United States of America or an alien lawfully admitted to permanent residence or an alien authorized by the Immigration and Naturalization Service to work in the United States.

Are you a citizen of the United States? ☐ Yes ☐ No

Are you an Alien lawfully permitted for permanent residence? ☐ Yes ☐ No

If "yes" Alien Number: A _____

Are you an alien authorized by the Immigration and Naturalization Service to work in the United States?
☐ Yes ☐ No

If "yes" Alien Number: A _____ or Admission Number: A _____

Expiration of employment authorization (if any) _____

EDUCATION REQUIREMENTS: High School diploma or verifiable G.E.D. (State of Florida equivalent).

MILITARY SERVICE: Honorable discharge – Form DD-214, DD-256, and/or NGB-22 (if applicable).

OTHER REQUIREMENTS:

Age: Must be at least 18 years of age.

Vision: Minimum without corrective lenses – 20/100 in one eye and 20/40 in the other eye. Must be correctable to at least 20/40 in one eye and 20/20 in the other eye. No color blindness.

Tobacco Use: Must be a non-user of tobacco or tobacco products for at least one (1) year immediately preceding application and for employed career.

Must have a valid State of Florida class "D" Non-Commercial Driver's License.

The Board may refuse to examine an applicant, or after examination, remove his or her name from the resulting eligibility list, or refuse to certify for appointment any candidate for eligibility who is found to lack any of the preliminary requirements established for entrance position, who is unable to be rendered fit for performance of firefighter duties, who is addicted to habitual use of narcotics or intoxicating liquors, who has been convicted of a felony and/or found guilty of infamous or notoriously disgraceful conduct, who has committed any other act which in the opinion of the Board, would bring discredit to the service, who has made false statement of material fact, or who has violated any of the provisions of the Village's Personnel Rules and Regulations.

I certify that I meet the qualifications listed above.

(Applicant Signature)

(Street Address)

(Cell Phone number)

(City, State, and Zip)

ATTACHMENTS TO APPLICATION

Please submit copies (no originals) of each of the following with your application. Provide your own copies since no copies will be made for applicants. Check your application carefully before submitting to ensure all requirements are met.

- ☐ Florida Certificate of Compliance for Firefighter
- ☐ Current Florida EMT/Paramedic Certification
- ☐ Current Resume
- ☐ Current ACLS card
- ☐ Current CPR card (BLS for Healthcare Professional/Professional Rescuer Levels)
- ☐ Valid Florida Class "D" Drivers License
- ☐ EVOC (Emergency Vehicle Operators Course) 16 hour certification.
- ☐ Military Discharge papers (if applicable)

OPTIONAL APPLICANT SURVEY DATA

To all applicants,

In order to comply with the Federal EEOC guidelines, the Village of Key Biscayne is requesting that you complete the enclosed survey form. This survey form is to be completed only if you so desire. Failure to complete this survey form will in no way adversely affect your opportunity for employment.

Your cooperation in completing the Optional Survey Form is appreciated.

Instructions: Write your numbered response to items 1 through 4 in the corresponding boxes.

1	2	3	4

1. Are you?
0. Male
1. Female
2. How old are you?
0. 19 or less years old
1. 20 – 29 years old
2. 30- 39 years old
3. 40 – 49 years old.
4. 50- 59 years old
5. 60 – 69 years old
6. 70 or more years old
3. Which racial/ethnic group do you consider yourself a member of?
0. White
1. Black
2. Asian or Pacific Islander
3. American Indian/Alaskan Native
4. Hispanic
4. What is the highest level of education you have obtained?
0. 00 – 08 years
1. 09 – 12 years
2. High school graduate or G.E.D.
3. Post high school vocational/business
4. College or business school training
5. B.A., B.S. or similar professional degree
6. M.A. or similar professional degree
7. Ph. D., JD, LLB/ similar professional degree
8. MD or similar professional degree